STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation S.D. SEC. OF STATE

| Return to: Secretary of State, 500 i | E. Capitol, Flerie, 3D 37301-30 | <i></i> |
|---|-----------------------------------|-------------------------------|
| 1. TITLE OF NEWSPAPER Nation Centon News 2. DATE9/14/11 | | |
| 3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISHED ANNUALLY 3B. ANNUAL SUBSCRIPTION PRICE \$ 30.000 | | |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) | | |
| | | |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE | | |
| DUDY KINTED ALL SALVA | | |
| to- Box 7 spartish, cawterus, so 51100 | | |
| 6. FULL NAME OF PUBLISHER: Betitia Lister | | |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the | | |
| names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name | | |
| and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS | | |
| | | |
| DECOUNT OF ONE OF THE OFFICE HOLDER'S OWNING OF HOLDING! | | |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING TO PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so | | |
| state. If more space is needed, list on back of this form. | | |
| | | |
| | AVERAGE NO. COPIES EACH | ACTUAL NO. COPIES |
| 9. EXTENT AND NATURE OF CIRCULATION | ISSUED PRECEDING 12 | ISSUED NEAREST TO FILING DATE |
| | MONTHS | 1190 |
| A.TOTAL NO. COPIES (Net Press Run) | 1194 | |
| B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and | 194 | 197 |
| counter sales. | 191 | <u> </u> |
| 2. Mail Subscription (Paid and or requested) | 915 | 918 |
| C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2) | 1109 | 1115 |
| D.FREE DISTRIBUTION | 110 | |
| 1. BY MAIL, CARRIER OR OTHER MEANS | 11 | . 11 |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE | \cap | D |
| COPIES TOTAL DISTRIBUTION (Compact D1 and D2) | lian | 1126 |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) | 1100 | 1100 |
| F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing | 40 | 40 |
| 2. Return from News Agents | 36 | 33 |
| G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A) | 1196 | 1199 |
| Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public | | |
| I swear that the statements made by me are true, correct, and complete: | | |
| All Asia. | publisher | |
| (Signature) | (Title) | |
| Sworm to before me this 14 day of 20_1) | | |
| State of South Dakota) | Sworm to before metals - day of | |
| \$ | Notary Public | |
| County of aw Conce | My commission expires: 10-24-2016 | |
| (Seal) | iviy connuission expires. | |

Form: SOS REC 051 7/2004